

FORM #584

## GRIEVANCE FORM

FACILITY: De Correctional Center DATE: 28 Feb 06  
 GRIEVANT'S NAME: Leonard Baylis SBI#: 100251  
 CASE#: (24239) TIME OF INCIDENT: Ongoing  
 HOUSING UNIT: ✓

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Concerning Dental work not Accomplished  
After Requests And grievances Dated 29 Nov 05  
And 27 Dec 05 Returned unsolved And 27 Dec  
05 Grievance Resubmitted. NO Actual  
work has been Accomplished. I have difficulty  
eating And this leads to Stomach problems

ACTION REQUESTED BY GRIEVANT: To Receive Actual Dental  
Work

GRIEVANT'S SIGNATURE:

Leonard Baylis

DATE:

28 Feb 06

WAS AN INFORMAL RESOLUTION ACCEPTED?

\_\_\_\_\_ (YES)\_\_\_\_\_ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

RECEIVED

April '97 REV

MAR 01 2006

Inmate Grievance Office

~~Exhibit A pg 22~~

Exhibit B

~~Exhibit C 2~~

FORM #585

MEDICAL GRIEVANCE

~~Medical~~

FACILITY: D.C.C.  
INMATE'S NAME: Leonard Baylis  
HOUSING UNIT: V

DATE SUBMITTED: 28 Feb 06  
SBI#: 500231  
CASE #:

## SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

## TYPE OF MEDICAL PROBLEM:

Concerning Dental work not Accomplished, After  
Requests And grievances Dated 29 Nov 05 And  
27 Dec. Returned unresolved And 27 Dec Grievance  
Resubmitted. No actual work has been  
Accomplished. I have difficulty eating And  
this leads to Stomach problems.

GRIEVANT'S SIGNATURE:

Leonard Baylis

DATE:

28 Feb 06

ACTION REQUESTED BY GRIEVANT:

To Receive Actual  
Dental work.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.